

# Influenza Vaccination of Healthcare Personnel in Massachusetts Adult Day Health Centers, Clinics, Nursing Homes, and Rest Homes

## Directions for Data Reporting 2016-2017

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**Topic:** Reporting Seasonal Influenza Vaccination for Healthcare Personnel (HCP)

**Description:** This guidance provides detailed instructions for completing the DPH 2016-2017 seasonal influenza reporting requirements for HCP using the DPH reporting system.

**Please note all licensed acute care hospitals, ambulatory surgical centers, dialysis centers and long term acute care hospitals are required to report influenza healthcare personnel vaccination (HCP) data to the Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN) and provide access to the data to DPH.**

### General Directions for Data Collection

***Report for Seasonal Influenza Vaccination:*** This reporting process is applicable to seasonal influenza vaccination for 2016-2017.

Please review all data for accuracy and completeness, as edits will not be possible following submission to DPH.

All influenza vaccination data must be received by DPH no later than 5:00 pm, April 15, 2017.

Each healthcare facility will receive an email notification confirming receipt of data.

Healthcare facilities must retain copies of all data submitted in a secure file for a minimum of three years. These data are subject to validation by DPH through April 15, 2020.

Please report each licensed healthcare facility location separately.

### **Instructions:**

**Step 1:** Start by clicking on the link to the DPH Bureau of Health Care Quality and Safety website [www.mass.gov/dph/dhcg](http://www.mass.gov/dph/dhcg) Click on the "Division Topics" tab and then the "Healthcare Personnel Influenza Vaccination Reporting 2016-2017" link.

Right click on the "Flu Data Submission Form" link, and save this spreadsheet file to your computer's hard drive. Please do not alter the structure of the spreadsheet in any way.

**Step 2:** Begin entering data in Row 3 of the spreadsheet. Under the "General Information" heading of the spreadsheet, enter your healthcare facility's name in Column A and select healthcare facility type from the drop-down menu in Column B. If you are responsible for

entering data for multiple separately licensed healthcare facilities please use the additional rows beginning with row 4. (Figure 1)

**Figure 1**

	A	B	C	D
1	General Information			
2	Facility Name	Facility Type	Contact Name	Contact Phone Number
3				
4		Adult Day Health Center		
5		Clinic		
		Nursing Home		
		Rest Home		


**Step 3:** Under the “General Information” heading of the spreadsheet, enter complete name in Column C, phone number in Column D, email address in Column E and position/title of the person at your healthcare facility whom DPH should contact if there are questions about influenza data submission in Column F. (Figure 2)

**Figure 2**

	C	D	E	F
1	General Information			
2	Contact Name	Contact Phone Number	Contact Email	Contact Position / Title
3				

**Step 4:** Under the “General Information” heading of the spreadsheet, enter the date the form is completed in Column G and **DPH issued healthcare facility identification number\*** in Column H. (Figure 3).

**\*SUBMISSIONS THAT DO NOT INCLUDE THE DPH FACILITY IDENTIFICATION NUMBER  
WILL NOT BE PROCESSED**

An alphabetical list of all Massachusetts licensed healthcare facilities including the facility identification number is available at the following link: [List of Health Care Facilities licensed or certified by the Division](#) 

**Figure 3**

	F	G	H
1	<b>General Information</b>		
2	Contact Position / Title	Date of Completion of Data Collection Form	MASS DPH Facility ID Number
3			

**Step 5:** Under the “Required Data” heading of the spreadsheet, (beginning in Column I), enter the ***number of healthcare facility employees*** who received the seasonal influenza vaccination FROM the healthcare facility from 8/1/16 through 3/31/17 in Column I. *Do not include doses administered after 3/31/17.* (Figure 4)

For the purposes of the vaccination program, **employee is defined as:**

- Individuals, both full-time and part-time, who are on the healthcare facility payroll as of December 31, 2016.
- This includes, but is not limited to: physicians; nurses; interns/residents; fellows; physician assistants; physical, occupational, respiratory and speech therapists; laboratory and operating room technicians; central supply staff; pharmacists; maintenance/environmental services staff; dietary; attendants/orderlies, secretarial and administrative staff; contract staff, whether or not such individual(s) provide direct patient care.
- Employees, such as contractors performing administrative functions, who do not work at or come to the licensed healthcare facility are not required to be vaccinated.

**Figure 4**

	I	J	K	L	M
1	<b>Required Data</b>				<b>Comments</b>
2	Number of healthcare facility employees who received seasonal flu vaccination (from the healthcare facility) from 8/1/16 thru 3/31/17	Number of healthcare facility employees on December 31, 2016	Number of healthcare facility employees who received seasonal flu vaccination outside of the healthcare facility from 8/1/16 thru 3/31/17	Number of healthcare facility employees who declined seasonal flu vaccination from 8/1/16 thru 3/31/17	Comments
3					

**Step 6:** Under the “Required Data” heading of the spreadsheet, enter the total number of employees on your healthcare facility’s payroll on December 31, 2016 in Column J. (Figure 5) For **number of healthcare facility employees**, consult your healthcare facility’s human resources department or payroll database.

**Figure 5**

	I	J	K	L	M
1	<b>Required Data</b>				<b>Comments</b>
2	Number of healthcare facility employees who received seasonal flu vaccination (from the healthcare facility) from 8/1/16 thru 3/31/17	Number of healthcare facility employees on December 31, 2016	Number of healthcare facility employees who received seasonal flu vaccination outside of the healthcare facility from 8/1/16 thru 3/31/17	Number of healthcare facility employees who declined seasonal flu vaccination from 8/1/16 thru 3/31/17	Comments
3					

**Step 7:** Under the “Required Data” heading of the spreadsheet, enter **number of healthcare facility employees** who received seasonal influenza vaccination OUTSIDE the healthcare facility (for example from private physician’s office, community health center, clinic, etc.) in Column K. (Figure 6) Do not include doses administered after 3/31/17.

Individuals must report in writing (paper or electronic) or provide documentation that influenza vaccination was received elsewhere. Each healthcare facility must maintain written documentation of influenza vaccination received elsewhere.

**Figure 6**

	I	J	K	L	M
1	<b>Required Data</b>				<b>Comments</b>
2	Number of healthcare facility employees who received seasonal flu vaccination (from the healthcare facility) from 8/1/16 thru 3/31/17	Number of healthcare facility employees on December 31, 2016	Number of healthcare facility employees who received seasonal flu vaccination outside of the healthcare facility from 8/1/16 thru 3/31/17	Number of healthcare facility employees who declined seasonal flu vaccination from 8/1/16 thru 3/31/17	Comments
3					

**Step 8:** Under the “Required Data” heading of the spreadsheet, enter total number of **healthcare facility employees** who DECLINED seasonal influenza vaccination from 8/1/16 through 3/31/17 in Column L (Figure 7). Do not include information obtained after 3/31/17.

Healthcare facility employees may decline vaccination if the vaccine is medically contraindicated or the individual declines for any reason. Licensed healthcare facilities must ensure that an individual who declines vaccination signs a statement declining vaccination and certifying that she/he received information on the risks and benefits of influenza vaccination. Signed declinations must be maintained by the healthcare facility.

*Do not include individuals whose influenza vaccination status is unknown in this category.*

**Figure 7**

	I	J	K	L	M
1	<b>Required Data</b>				<b>Comments</b>
2	Number of healthcare facility employees who received seasonal flu vaccination (from the healthcare facility) from 8/1/16 thru 3/31/17	Number of healthcare facility employees on December 31, 2016	Number of healthcare facility employees who received seasonal flu vaccination outside of the healthcare facility from 8/1/16 thru 3/31/17	Number of healthcare facility employees who declined seasonal flu vaccination from 8/1/16 thru 3/31/17	Comments
3					

**Step 9:** Please note this field is optional and may be left blank. Submit optional comments based on your experience collecting and submitting data on influenza vaccination of healthcare employees in your facility in Column M. (Figure 8)

**Figure 8**

	I	J	K	L	M
1	<b>Required Data</b>				<b>Comments</b>
2	Number of healthcare facility employees who received seasonal flu vaccination (from the healthcare facility) from 8/1/16 thru 3/31/17	Number of healthcare facility employees on December 31, 2016	Number of healthcare facility employees who received seasonal flu vaccination outside of the healthcare facility from 8/1/16 thru 3/31/17	Number of healthcare facility employees who declined seasonal flu vaccination from 8/1/16 thru 3/31/17	Comments
3					

**Step 10:** Once you have completed filling out the spreadsheet, please email a copy of your spreadsheet file to the following address: [dhcq.fludata@state.ma.us](mailto:dhcq.fludata@state.ma.us) Each healthcare facility will receive an email notification confirming DPH receipt of your data.

**Please save a copy for your records.**

For questions or technical assistance please contact the Bureau of Health Care Safety and Quality at [dhcq.fludata@state.ma.us](mailto:dhcq.fludata@state.ma.us) Support is available Monday through Friday, 8:30 am to 4:30 pm.

**Influenza Data Submission Deadline: April 15, 2017**